

DECLARATION and POWER OF ATTORNEY



PATENT (U.S.A.)

ATTORNEY'S DOCKET NO.
81868.0035

☑ ORIGINAL☐ CONTINUATION☐ DIVISIONAL

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed as 1 below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: POLYGON MIRROR.

	SON MIRROR, ecification of which is attached here	eto unless the following box is checked:			
	and was amended on.	d States Application Number or PCT Internation			
I ackno	owledge my duty to disclose inform by state that I have reviewed and un by claim foreign priority benefits und	nderstand the contents of the above identified	nis application in accordance with specification, including the claims foreign application(s) for patent o	Title 37, Code of Federal Regulations § 1.56(a). , as amended by any amendment referred to above. r inventor's certificate listed below and have also n on which priority is claimed:	
			APPLICATION(S)		
	COUNTRY	APPLICATION NUMBER	DATE OF FILING Month Day Year	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
Japanese 2000-316582		2000-316582	October 17, 2000	Yes	
this ap	plication is not disclosed in the prior	r United States application in the manner prov	ided by the first paragraph of Title	nsofar as the subject matter of each of the claims of a 35, United States Code § 112, I acknowledge the by which occurred between the filing date of the prior	
(Applie	cation Serial No.)	(Filin	g Date)	(Status	
POWE and Tr	R OF ATTORNEY: As a named In ademark Office connected therewit	wentor, I hereby appoint the following attorney th. 🗵 Customer Number 000026021	→	this application and transact all business in the Patent	
	correspondence to:	☑ Customer Number 000026021	PATENT TR. Hogan & Hartson L.L.P. 500 South Grand Avenue, Suite Los Angeles, California 90071	ADEMARK OFFICE DIRECT TELEPHONE CALLS TO: 1900 Michael Crapenhoft 213-337-6700	
(icas	Name of Inventor	***************************************	Residence: CITY	STATE or COUNTRY	
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	Name of Inventor		Residence: CITY	STATE or COUNTRY	
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	Name of Inventor	,	Residence: CITY	STATE or COUNTRY	
3	Post Office Address		CITIZENSHIP		
	Name of Inventor		Residence: CITY	STATE or COUNTRY	
4	Post Office Address	ost Office Address		CITIZENSHIP	
thaca	statements were made with the kno	herein of my own knowledge are true and that owledge that willful false statements and the li ich willful false statements may jeopardize the	ke so made are punishable by fine	ion and belief are believed to be true; and further that or imprisonment, or both, under Section 1001 of Title patent issuing thereon.	
signature of inventor 1 Yutaka Ishizuka			SIGNATURE OF INVENTOR 2		
DATE NOV. 6. 2001			DATE		
SIGNATURE OF INVENTOR 3			SIGNATURE OF INVENTOR 4		
DATE		DATE			